

FALL 2012 ADULT ARENA SOCCER LEAGUE



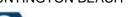
PLEASE TYPE OR PRINT CLEARLY!! OFFICIAL ROSTER

NAME OF TEAM	<u> </u>				Men's	Me		<u>Co</u>	
TEAM MANAGER				LEAGUE:	Open <i>MON</i>	Rec <i>TUES</i>	Open <i>WEDS</i>	Rec <i>THUR</i>	Open <i>FRI</i>
ADDRESS				PH	ONE (H)				
CITY		7		' ' P⊦	. ,				
*REQUIRED E-MAIL ADDRES	 SS				ONE (C)				
ASSISTANT TEAM MANAGE				,	ONE (H)				
*REQUIRED E-MAIL ADDRES					ONE (W)				
		ANAGER ON REVER	SE SIDE		ONE (C)				
EXPIRATION DATE	CARD HOL	DER SIGNATURE CHECK PAYABLE TO hanges and	THE CIT		INGTON E	BEACH		 nail*	 * *
ROSTER CHANGES (MA		_	•						
NAME	_	ADDRESS		CI	TY	PHO	NE	BIRTH D	ATE
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RECEIPT #	DATE _	INITIAL _	C/C _	CHECK #		ROST	ER#		
Refund Processed/Check Ret	urned: Amount	t	Date _		By _				

Registration Deadline: AUGUST 31, 2012 at 4:00pm

All games will be played at the Central Park Sports Complex, 18120 Golden West If you have any questions, please contact Community Services Department at (714) 536-5486

COMMUNITY SERVICES DEPARTMENT



FALL 2012 ADULT ARENA SOCCER LEAGUE



NAME OF TEAM

TEAM MANAGER

ADDRESS

CITY



PLEASE TYPE OR PRINT CLEARLY!!



	LEAGUE:	Men's Open MON	Rec TUES	on's Open WEDS	Rec THUR	o <u>ed</u> Open <i>FRI</i>
	PH	ONE (H)				
715	5	ONIE 040				

*REQUIRED E-MAIL ADDRESS PHONE (C)

ASSISTANT TEAM MANAGER PHONE (H)

*REQUIRED E-MAIL ADDRESS PHONE (W)

REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE PHONE (C)

All schedule changes and updates will be sent by email

	NAME	ADDRESS	CITY	PHONE	JERSEY NUMBER
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